

UK government accused of privatising the NHS

Michael Day *London*

The NHS was engulfed by a political storm last week after news that the Department of Health had placed an advertisement in the *Official Journal of the European Union* inviting private companies to set out their stalls on how they would run primary care trusts.

The advertisement raised the spectre of giant US healthcare firms being handed the bulk of the health service's £80bn (£120bn; \$150bn) budget, and united doctors, MPs, and campaign groups in fury against the government, which they accused of "privatisation by stealth."

Ministers issued a retraction, insisting there had been "drafting errors." It had only been seeking firms to provide expert advice to primary care trusts, and it would be up to local officials to decide if they wanted to use it.

But this did little to placate health unions and opponents of private involvement in health care.

James Johnson, the chairman of the BMA, said, "Doctors at the BMA's annual conference this week came out strongly against giving the commissioning of NHS health care to the commercial private sector. It only seems to be a short step to move to clinical services, and that would be a step in completely the wrong direction. We are opposed to it."

Karen Jennings, the head of

health at public sector union Unison, said, "It is hard to see it as anything other than privatisation by stealth," and Ann Rossiter, the director of the Social Market Foundation, said the plans marked "a dangerous departure for the NHS."

Health secretary Patricia Hewitt replied that there was "no question whatsoever of privatising the NHS." "This government is committed to a publicly funded health service that is free at the point of use and available to all, regardless of means."

She said that primary care trusts would "remain public, statutory bodies responsible for using their growing budgets to commission the best possible services for local people."

Many observers said, however, that developments in the past 12 months meant that the writing was already on the wall for primary care trusts. At the start of the year, North Eastern Derbyshire Primary Care Trust invited United Health Europe to run two general practices. In May, Barking and Dagenham Primary Care Trust signed a £5m contract with Care UK, under which the private firm will provide GP services for more than 7000 patients in East London.

And perhaps most significantly, Thames Valley Strategic Health Authority last year announced that it would consider bids from private firms for the



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running of Oxfordshire Primary Care Trust, as a sort of test bed for stepping up private involvement in healthcare commissioning. United Health was again rumoured to be interested.

The controversial plan died with the latest restructuring of health authorities. But the idea appears to have remained near the top of the department's agenda, with ministers believing that greater private involvement will lead to the provision of services at more convenient times for patients.

"I wasn't surprised by the news of the advertisement in the *Official Journal of the European Union*, or the response it pro-

voked," said Professor John Appleby, the chief economist at the King's Fund. "Clearly the Department of Health thinks that the [primary care trusts] have not been doing their job properly—although I've never seen any good evidence for this."

"But is it a bad thing that [primary care trusts] get in some private sector expertise? Probably not. The thing that will have to be monitored is the potential for conflict of interest. This will arise where a company is providing healthcare services as well as commissioning them."

In addition, critics note that Simon Stevens, a former health adviser to the prime minister, Tony Blair, is president of United Health Europe and thus has a key position in one of the private health firms that is likely to profit from private sector involvement in health commissioning.

"I have huge concerns there could be potential conflicts of interest that would be completely unacceptable," said Paul Miller, the chairman of the BMA's consultants' committee.

"Politically it's difficult to see how the government can carry the support of NHS staff or even its own MPs on this."

Professor Appleby added, "The crucial thing is whether or not patients will benefit from having more private involvement in commissioning. But politically, many may feel that this is just a step too far at the moment."

The row comes hot on the heels of the NHS's £500m debt figure for last year and the continuing debacle over the new NHS computer system. PH

Doctors say no to more privatisation of NHS in England

Zosia Kmietowicz *Belfast*

Doctors' leaders have been charged with delivering a message to health chiefs of no confidence in government reforms. Representatives in Belfast voted by three to two to stop further involvement of the private sector in the NHS in England and to campaign to return those ser-

vices that have been privatised back to the public sector.

James Johnson, the chairman of the BMA, said that he would take what he described as "an overwhelming opposition" to the current reforms in the NHS to the negotiating table next week, when he meets with government health ministers at a specially convened summit.

Had nurses been present at the meeting they too would have voted in the same way as doctors, said Mr Johnson. "They [the government] have to know that the professions are against them on this," he said.

But despite a fierce debate on

how the BMA should tackle NHS reforms, and some strong support for a public show of hostility, representatives voted against industrial action.

A revised statement setting out the BMA's stance on reform, agreed by the meeting, reads, "The profession is dismayed by the incoherence of current government policies and the damage it has caused to the NHS and the delivery of patient care. The BMA actively opposes the government plans and restates its belief in the core values of the NHS."

These core values state that the NHS should be free at the point of delivery, ethically rationed, equitably resourced, and

funded out of taxation. These values cannot be maintained if the NHS is broken up and tendered to private corporations.

Representatives charged the BMA council with highlighting the deficiencies of the current reforms and their effect on patients' care. They also voted for the BMA to develop an alternative vision for the NHS and for it to explore options for a publicly owned NHS in England that does not have a purchaser-provider split.

Representatives agreed a document specifying the line that the BMA should take with regard to the NHS, after five open debates on Monday. PH